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Child Abuse Hurts Us All

Recognizing, Reporting and Preventing Child Abuse and Neglect

Massachusetts
Department of
Social Services



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OFFICE OF THE DEAN

1100 EAST 58TH STREET, CHICAGO, ILLINOIS 60637

TEL: (773) 936-3333 FAX: (773) 936-3334

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Understanding the Problem of Child Abuse and Neglect

Introduction

Child abuse and neglect present a collective concern to both adults and children. Children, the most vulnerable segment of our population, are those most directly affected by child abuse and neglect. This is troubling because children also represent our most valuable resource for the future. As such, we must act to protect them from harm and nurture their development.

Although the direct results of child abuse and neglect are often easily recognizable, the long-term consequences cannot always be immediately measured. The emotional impact on victims and the financial impact on society can ultimately become staggering. While it is impossible to measure the amount of emotional pain and suffering children experience as a result of child abuse or neglect, Prevent Child Abuse America – a private child welfare organization – estimates the nationwide financial costs to be \$94 Billion a year.

Child abuse and neglect are often referred to jointly as child maltreatment. This guidebook aims to help create a better understanding of the problem of child maltreatment. The contents include information, facts, terms and definitions on the subjects of child abuse and neglect, as well as the issues and concerns that surround child maltreatment.

Child abuse and neglect affect children of all ages, and boys and girls in almost equal numbers. It is important to understand that while child abuse is a high profile concern, and often cause for more immediate worry, neglect is the more common form of child maltreatment. The majority of those responsible for child abuse or neglect are parents; however, any adult who is considered a caretaker of a child, or who is entrusted with the responsibility for a child's health or welfare, may perpetrate child abuse or neglect.

There is no simple cause for child maltreatment. Each case of child abuse or neglect should be examined and treated independently. Many abusers may not intend to hurt children. Often a lack of understanding of children's basic needs can lead to frustration and anger, which, in turn, may lead to abuse or neglect. A lack of parenting skills can also contribute to child abuse or neglect.

Common reasons why children are abused or neglected:

- **Substance abuse** – The most frequently reported cause for the neglect and abuse of children is substance abuse. Although parents or caretakers' substance abuse does make it more difficult to address family problems, it should not mitigate our concern for the children involved. There is also a strong link between substance abuse, domestic violence.
- **Lack of family support** – Abusive parents and caretakers may not have adequate support to help them raise their children. If domestic problems or life crises arise, it can be hard to deal with daily pressures.
- **Repeating the cycle** – Parents and caretakers who hurt their children may have been denied emotional support or may have been abused when they were young. It may be more likely that these individuals will abuse or neglect their children.
- **Extreme expectations** – Some parents and caretakers expect children to fulfill their needs for love and acceptance, or may see children as the answer to their personal problems. Children cannot meet these needs. Children have more immediate and basic needs which must be met by their parents and caretakers. If parents or caretakers are unable to put their children's needs before their own, neglect and abuse can result.

Child Abuse Hurts Infants



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Definitions and Explanations of Terms Associated with Child Abuse and Neglect

Child abuse can include physical, sexual or emotional injury to a child. Child neglect is a broader term, and one that is often misunderstood. The following are the most common definitions related to child maltreatment, as defined by Massachusetts General Law (M.G.L.) and DSS Regulations (110 CMR), along with some basic explanations of these terms.

Abuse (defined by 110 CMR 2.00)

The non-accidental commission of any act, by a caretaker, upon a child under age 18, which causes or creates a substantial risk of physical or emotional injury, or constitutes a sexual offense under the laws of the Commonwealth, or any sexual contact between a caretaker and a child under the care of that individual. This definition is not dependent upon location (i.e., abuse can occur while the child is in an out-of-home or in-home setting).

Abuse is any action that creates an injury or a substantial risk of injury to a child. Abuse can be physical, sexual or emotional. Physical abuse includes beating, shaking, kicking, burning or other types of bodily harm that can result in bruises, fractured or broken bones, internal injuries or death.

Shaken Baby Syndrome

Infants, babies or small children who suffer injuries or death from severe shaking, jerking, pushing or pulling may have been victims of Shaken Baby Syndrome. The act of shaking a baby is considered physical abuse, as spinal, head and neck injuries often result from violently shaking young children. It has been estimated that 50 percent of children who are victims of Shaken Baby Syndrome die from their injuries.

Sexual Abuse

Sexual Abuse occurs when an adult caretaker has any sexual contact with a child. This can happen through intercourse, which is considered rape under Massachusetts General Law. It includes any oral, genital or anal penetration. Sexual exploitation and molestation are also considered abuse. These are defined as contact or interaction with a child, that is used to satisfy an adult's sexual needs and desires. This includes any verbally enticing language, as well as fondling, masturbating or exposure of sexual organs by the adult. Sex between adults and children is never considered consensual.

Child Abuse Hurts Babies

Physical Injury

(defined by 110 CMR 2.00)

- (a) Death;
- (b) Fracture of a bone, a subdural hematoma, burns, impairment of any organ, and any other such nontrivial injury;
- (c) Soft tissue swelling or skin bruising depending upon such factors as the child's age, circumstances under which the injury occurred, and the number and location of bruises;
- (d) Addiction to drug at birth; or
- (e) Failure to thrive.

Physical injury can be the result of physical abuse. Any physical injury which is not clearly explained may be a possible indicator of physical abuse.

Neglect

(defined by 110 CMR 2.00)

Failure by a caretaker, either deliberately, or through negligence, or inability to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home or in-home setting).

A child can be neglected when caretakers do not provide for basic needs, either deliberately or through negligence, such as food, shelter, medical care, supervision or emotional stability. An infant born addicted to drugs is considered neglected as well. It should be noted that environmental circumstances that some parents face, such as homelessness or inadequate financial resources, do not constitute neglect.

Emotional Injury

(defined by 110 CMR 2.00)

An impairment to or disorder of the intellectual or psychological capacity of a child, as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.

Emotional injury can result when parents' or caretakers' attitudes or actions repeatedly occur and negatively affect the way a child feels about himself. This can impair behaviors and the ability to develop appropriately. Emotional injury can take the form of emotional detachment or a severe lack of affection. Extremely harsh, critical treatment of a child may also cause emotional injury. This can include severe punishment and verbal assaults, that may involve belittling, scapegoating and rejection.

Institutional Abuse or Neglect

(defined by 110 CMR 2.00: M.G.L.)

Abuse or neglect, which occurs in any facility for children, including, but not limited to group homes, residential or public or private schools, hospitals, detention and treatment facilities, family foster care homes, group day care centers and family day care homes.

Caretaker

(defined by 110 CMR 2.00: M.G.L.)

A child's: (a) parent, (b) stepparent, (c) guardian (d) any household member entrusted with the responsibility for a child's health or welfare (e) any other person entrusted with the responsibility for a child's health or welfare whether in the child's home, a relative's home, a school setting, a day care setting (including babysitting), a foster home, a group care facility, or any other comparable setting. As such, "caretaker" includes (but is not limited to) school teachers, babysitters, school bus drivers, camp counselors, etc. The "caretaker" definition is meant to be construed broadly and inclusively to encompass any person, who is, at the time in question, entrusted with a degree of responsibility for the child. This specifically includes a caretaker who is him/herself a child (i.e. a babysitter under age 18).

Mandated Reporters

(defined at M.G.L. c. 119, s. 51A)

Any physician, medical intern, hospital personnel engaged in the examination, care or treatment of persons, medical examiner, psychologist, emergency medical technician, dentist, nurse, chiropractor, podiatrist, osteopath, public or private school teacher, educational administrator, guidance or family counselor, day care worker or any person paid to care for or work with a child in any public or private facility, or home or program funded by the Commonwealth or licensed pursuant to the provisions of Chapter 28A, which provides daycare or residential services to children, or which provides the services of childcare resource and referral agencies, voucher management agencies, family daycare systems and child care food programs, probation officer, clerk/magistrate of the district courts, parole officer, social worker, foster parent, firefighter or policeman, licenser of the office of child care services or any successor agency, school attendance officer, allied mental health and human services professional as licensed pursuant to the provisions of Section 165 of Chapter 112, drug and alcoholism counselor,

psychiatrist, and clinical social worker, priest, rabbi, clergy member, ordained or licensed minister, leader of any church or religious body, accredited Christian Science practitioner, person performing official duties on behalf of a church or religious body that are recognized as the duties of priest, rabbi, clergy, ordained or licensed minister, leader of any church or religious body, or accredited Christian Science practitioner, or a person employed by a church or religious body to supervise, educate, coach, train or counsel a child on a regular basis, who, in his professional capacity shall have reasonable cause to believe that a child under the age of eighteen years is suffering physical or emotional injury resulting from abuse inflicted upon him which causes harm or substantial risk of harm to the child's health or welfare including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth.

Mandated reporters include people who work or have contact with children in either a private or public setting. By law, they are required to call DSS if they have reasonable cause to believe abuse or neglect has occurred. Doctors, nurses, and other medical professionals, as well as teachers, police officers, firefighters and priests, rabbis and other clergy members are mandated reporters. Additionally, a written report has to be submitted to DSS within 48 hours, and cannot be filed anonymously.

You do not have to be a mandated reporter to report child abuse or neglect. Any person who believes a child is being abused or neglected can and should call to report the allegations. Call the Child-at-Risk Hotline at 1-800-792-5200.

Warning Signs of Child Abuse and Neglect

There are often certain recognizable physical and behavioral indicators of child abuse or neglect. The following signs, by themselves, may not be conclusive evidence of a problem, but they are indicators of the possibility that a problem exists.

Physical Abuse

Perceptible Signs of Physical Abuse

- Bruising, welts or burns that cannot be sufficiently explained; particularly bruises on the face, lips and mouth of infants or on several surface planes at the same time;
- Unusual bruising patterns that reflect the shape of the instrument used to cause injury; for example, belt, wire hanger, hairbrush, hand, human bite marks;
- Clusters of bruises, welts or burns, indicating repeated contact with a hand or instrument;
- Injuries on the body where children usually do not get hurt; for example, the torso, back, buttocks, thighs, neck;
- Withdrawn, fearful or extreme behavior;
- Burns that are insufficiently explained; for example, cigarette burns;
- Immersion burns; marks indicating dunking in a hot liquid, including "stocking" and "glove" burns on feet and hands, or "doughnut" shaped burns on buttocks and genitalia;
- Rope or restraint burns on the arms, hands, neck or legs;
- Dry burns caused by forced contact with a hot surface; for example, with a clothes iron or hair curler or heater or stove;
- Lacerations and abrasions of the lip, eye, or to any part of a child's face;
- Tears in the tissue of the gums, possibly as a result of force-feeding;
- Laceration or abrasion to external genitalia; or

- Absence of hair or hemorrhaging beneath the scalp due to vigorous hair pulling.

Injuries and Physical Abuse

The following examples of specific head, skeletal and internal injuries could be signs of physical abuse. Determinations regarding whether these injuries are indicative of abuse also must include consideration of the child's medical history and any diagnosed conditions, chronological age and developmental status.

Subdural Hematomas: Hemorrhaging (bleeding) beneath the outer covering of the brain, which could be caused by shaking or hitting.

Retinal Hemorrhages or Detachments: Bleeding or detachment of the membrane lining the inner eyeball which can be caused by shaking the child.

Jaw and Nasal Fractures: Fractures of the jaw or bones surrounding the nose.

Metaphyseal or Corner Fractures of Long Bones: A kind of splintering at the end of a bone, which can be caused by twisting or pulling.

Epiphyseal Separation: A separation of the growth center at the end of a bone from the rest of the shaft which also can be caused by twisting or pulling.

Periosteal Elevation: Detachment of the periosteum, the membrane that covers all bones, from the shaft of the bone, with associated hemorrhaging between the periosteum and the shaft, which can be caused by twisting or pulling.

Spiral Fractures: Fractures that wrap or twist around the bone shaft, caused by twisting or pulling.

Duodenal or Jejunal Hematomas: Blood clots of the duodenum and jejunum, the lowest two sections of the small intestine; which can be caused by hitting or kicking in the mid-line of the abdomen.

Child Abuse Hurts Toddlers

Rupture of the Inferior Vena Cava: Rupture of the vein feeding blood from the abdomen and lower extremities, which can be caused by hitting or kicking.

Peritonitis: Inflammation of the lining of the abdominal cavity, which can be caused by ruptured organ.

Behavioral Signs of Physical Abuse

- Self-destructive behavior;
- Evident discomfort with physical contact; for example, an abused child will often avoid physical contact, sometimes even shrinking at the touch or approach of an adult;
- Fear of being at home, or being alone with parents or caretakers;
- Reported injury caused by a parent;
- Chronic running away from home – most common with adolescents and preadolescents;
- Complaints of soreness or discomfort when walking or moving;
- Wearing of clothing not appropriate to the weather to cover body;
- Apprehension caused by crying of other children;
- Demonstrated extremes in behavior; for example, extreme aggressiveness or withdrawal; or
- Unprovoked cruelty to animals.

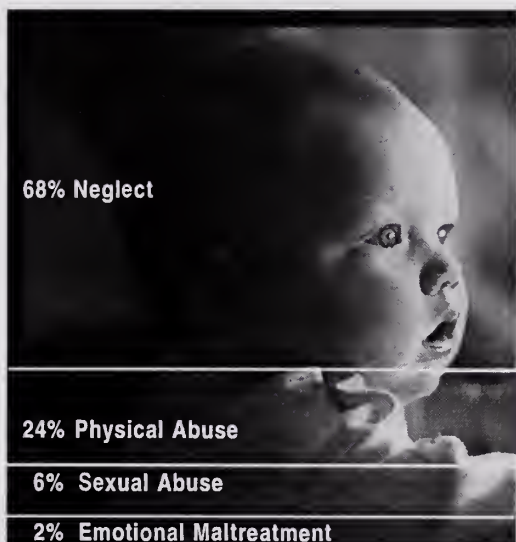
There are questions you can ask yourself when identifying possible physical abuse:

- Are bruises bilateral, or are they found on only one surface (plane) of the body?
- Did bruises occur at different times? Bruises of various ages could indicate ongoing abuse.
- Are there patterns caused by a particular instrument; for example, a belt buckle, a straight edge, coat hanger?
- Are injuries inconsistent with the explanation offered by the caretaker?
- Are inconsistent explanations for bruising or injuries offered over time?
- Are injuries inconsistent with the child's age?
- Are the patterns of the injuries consistent with abuse; for example, the shattered eggshell pattern of skull fractures commonly found in children who have been thrown against a wall?
- Are the burn patterns consistent with forced immersion in a hot liquid; for example, is there a

distinct boundary line where the burn stops, a "stocking burn," or a "doughnut" pattern?

- Are the burn patterns consistent with spattering by hot liquids or consistent with the explanation offered?
- Are there distinct burn patterns caused by a particular object; for example, an electric iron, the grate of an electric heater, a cigarette?

■ Type of Maltreatment inflicted on Children in Massachusetts



Sexual Abuse

Perceptible Signs of Sexual Abuse

- Difficulty walking or sitting;
- Pain or itching in the genital area;
- Torn, stained or bloody underclothing;
- Bruises or bleeding in external genitalia;
- Frequent complaints of stomachaches or headaches;
- Venereal disease;
- Frequent urinary or yeast infections; or
- Pregnancy.

Behavioral Signs of Sexual Abuse

- Withdrawal or chronic depression;
- Inappropriate sex play or premature understanding of sex;
- Feeling threatened by physical contact, closeness;

- Promiscuity;
- Running away from home;
- Child is "parentified" or overly concerned for siblings;
- Poor self-esteem, lack of confidence;
- Peer problems, lack of involvement with friends;
- Extreme weight change;
- Suicide attempts or threats; especially with adolescents;
- Hysteria, lack of emotional control;
- Sudden school difficulties; or
- Unprovoked cruelty to animals.

Neglect

Perceptible Signs of Neglect

- Abandonment; for example children abandoned completely or for long periods of time without proper supervision;
- Lack of supervision; for example, young children left unattended or with other children too young to protect or care for them;
- Lack of adequate clothing and hygiene; for example children chronically dirty or not bathed, children dressed inadequately for the weather, suffering from persistent illnesses associated with excessive exposure to the weather, or severe diaper rash or other persistent skin disorders resulting from improper hygiene;
- Lack of medical or dental care;
- Lack of adequate school attendance;
- Lack of proper nutrition; for example lack of sufficient food, children consistently complaining of hunger or rummaging for food, children suffering severe developmental lags or children who are chronically tired; or
- Lack of adequate shelter; for example; structurally unsafe housing or exposed wiring, inadequate heating or unsanitary housing conditions.

When identifying child neglect it is important to be sensitive to issues of poverty, unique cultural values and child rearing practices that may exist.

Behavioral Signs of Neglect

- Regular or chronic fatigue, listlessness or falling asleep in class;
- Stealing food, begging from classmates;

- Reports of no caretaker at home;
- Frequent absences or tardiness;
- Self-destructive feelings or behaviors;
- Dropping out of school;
- Alcohol or drug abuse;
- Delinquency; for example, theft or vandalism; or
- Statements that there is no one at home to act as a caretaker.

Emotional Injury

Perceptible Signs of Emotional Injury

- Inability to play as most children do;
- Sleep problems;
- Antisocial behavior or behavioral extremes;
- Delays in emotional and intellectual growth;
- Speech disorders;
- Delayed physical development;
- Substance abuse; or
- Ulcers, asthma or severe allergies.

Behavioral Signs of Emotional Injury

- Habit disorders, such as sucking, biting, rocking, enuresis or feeding disorders;
- Conduct disorders, including withdrawal and anti-social behavior, such as destructiveness, and stealing;
- Neurotic traits, such as sleep disorders and inhibition of play;
- Psychoneurotic reactions including hysteria, obsession, compulsion, phobias and hypochondria;
- Behavior extremes, for example, appearing extremely passive or aggressive or very demanding or undemanding;
- Overly adaptive behaviors which are either inappropriately adult, such as parenting other children, or inappropriately infantile, such as rocking, head banging or thumb-sucking;
- Delays in emotional and intellectual development;
- Attempted suicide; or
- Unprovoked cruelty to animals.

If you believe a child may be the victim of abuse or neglect, contact the Child-at-Risk Hotline at **1-800-792-5200**. DSS has appropriately trained and experienced staff who will take your call and address your concerns.

Understanding the Link Between Domestic Violence and Child Abuse

Child abuse and domestic violence often occur in the same family. Victims of domestic violence are most often mothers who are battered by their husbands, their children's fathers or their boyfriends. Children who live in a home where their mother is being battered are far more likely to be physically abused; up to 15 times more likely compared to the national average. Approximately 50 percent of mothers of abused or neglected children are themselves battered, presumably by the same perpetrator.

There are several risks posed to children who live in homes where a parent is being battered by their husband or partner. Either parent may directly abuse children. Some may be indirectly hurt during the domestic violence. Others may be neglected. Even if a child is not physically hurt, those who witness domestic violence can be affected in a variety of ways. It can be difficult and painful for youngsters to witness domestic violence or know that their mother is being harmed. The emotional damage caused by this can be long lasting. Many abused and neglected children do not become victims or perpetrators as adults; however, almost three quarters of men in batterer intervention programs report witnessing the abuse of their mothers, or being physically abused themselves as children. It is also commonly believed that girls who have been abused or neglected, or who have witnessed the abuse of their mothers, may be more likely to become victims themselves. Additionally, abused and neglected children are at greater risk for exhibiting delinquent, violent, and criminal behavior.

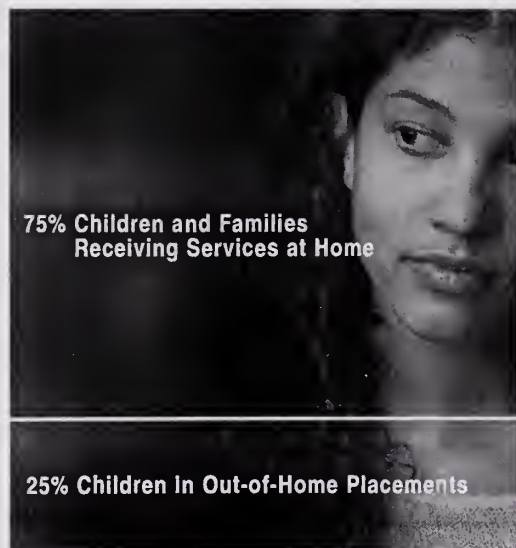
A parent who is in an abusive relationship with his or her partner may have additional worries. There may be concern about what will happen to the children if he or she tries to leave the relationship. There may be worries, as well, regarding having enough money to support the children, separating the children from their other parent, or moving to a new neighborhood.

A parent may also be afraid that his or her children will be taken away if he or she asks for help. It is not DSS policy to remove children from parents who are victims of domestic violence. DSS does have a responsibility to help protect children who are abused and neglected. DSS looks at each family individually and makes decisions based on the safety and well-being of the children. In most domestic violence cases, the best interests of children are served by helping to protect the battered parent, and by holding offenders accountable. The DSS Domestic Violence Unit provides consultation to social workers and managers to design safe interventions, decrease risk and keep children with the non-abusive parent, when it is possible.

It is the primary mandate of the DSS Domestic Violence Unit to help integrate domestic violence knowledge into child protection case practice. There are local Domestic Violence Specialists, who work alongside social workers in an effort to assess safety and provide resources to these families. If anyone already involved with DSS is being abused by a partner, they may ask their social worker to consult with the DSS Domestic Violence Unit, or they may contact a DSS Domestic Violence Specialist directly. The DSS Domestic Violence Unit may be reached at 617-748-2333.

Child Abuse Hurts Pre-schoolers

■ DSS Family Centered Care



DSS is also a primary funding source for community-based services for battered women and their children. These services are not exclusive to DSS consumers and can be accessed by anyone who is experiencing domestic violence. These services include:

- A 24 hour statewide hotline to help victims of domestic violence;
- Emergency shelters;
- Transitional living programs;
- Individual counseling;
- Support groups;
- Visitation centers;
- Shelters for substance abusing battered women;
- Safe bed services for clients with special needs;
- Legal, housing and economic advocacy; and
- Evaluation and treatment services for children who witness violence.

Victims of domestic violence, who are involved with DSS, are entitled to information regarding their legal rights and other options for safety (see 209A eligibility). The DSS Domestic Violence Unit is committed to working with battered women and their children to keep non-offending parents and their children safe and together.

Legal classification of domestic violence according to Chapter 209A of Massachusetts General Law

What legally constitutes domestic violence?

- Physical harm or an attempt to physically harm another;
- Placing another in fear of imminent serious physical harm; or
- Causing another to involuntarily engage in sexual relations by force, threat of force or by duress.

Who is eligible for protection by means of a Temporary Restraining Order under MGL 209A?

Family and household members who:

- Are or were married to each other;
- Are or were residing together in the same household;
- Are or were related by blood or marriage;
- Have a child in common; or
- Are or have been in a substantive dating or engagement relationship.

■ Child Abuse and Neglect Facts

- Children whose parents abuse drugs and alcohol are almost three times more likely to be abused and more than four times more likely to be neglected.
- 40 – 60 percent of open protective cases involve domestic violence. Approximately 30 percent of the children who witness domestic violence become perpetrators of violence, themselves.
- Although male and female children are abused and neglected in almost equal numbers, females account for approximately 75 percent of all sexually abused children.
- More than 50 percent of all victims of child maltreatment are Caucasian, 25 percent are African-American, 15 percent are Hispanic and the remaining are identified as Native Americans, Pacific Islanders or others.
- Over 80 percent of all new DSS cases are a result of supported allegations of child abuse or neglect.

The Work of the Department of Social Services

The Department of Social Services (DSS) is the Massachusetts state agency charged with the responsibility of protecting children from child abuse and neglect. DSS is committed to protecting children and strengthening families. When children are abused or neglected by the people responsible for caring for them, DSS will intervene to ensure the safety of the children.

DSS responds to reports of abuse or neglect 24 hours a day. DSS becomes involved if there are any concerns that caretakers, parents, step-parents, guardians or other persons responsible for caring for children may be abusing or neglecting these children.

Whenever possible and appropriate, DSS attempts to keep families intact. DSS reviews all the reports of child abuse and neglect received by the agency. If it's determined that abuse or neglect has occurred, or if a child appears to be at risk of being hurt, or is being neglected, DSS takes action to protect that child.

Agency Services

DSS provides a range of services, either directly or through contracted agencies to support families. Such services might include:

- Family and individual counseling;
- Child care;
- Parent aides;
- Substance abuse treatment referrals;
- Domestic violence service referrals;
- Emergency shelter for children and adolescents;
- Sexual abuse treatment;
- Supervised visits; or
- Services for pregnant and parenting adolescents.

DSS social workers spend time with parents to help develop a safe and healthy home environment. The majority of the families DSS works with remain together. When a family's situation improves to the extent that it is believed that the children will remain safe, the case may be closed.

There are circumstances when parents are not able to make the necessary progress to ensure the safety of the children involved. In such cases, DSS may need to take temporary custody of the children and place them in foster care. DSS will then attempt to work with the family to address the concerns which prompted the children's removal. For those children who cannot remain at home, DSS provides temporary out-of-home placements in foster homes, group care facilities and residential programs. DSS works with substitute care providers in communities across Massachusetts to provide a variety of programs and settings. Some programs provide a more structured placement setting, while allowing the children to attend activities and school in the local communities. Others placements provide even higher levels of structure, with all programs and education on site.

If, after sufficient periods of time, parents do not demonstrate the ability to ensure the safety of their children, while adequately meeting the children's needs, the court may give DSS permanent custody. DSS's goal for children in many of these cases is changed to adoption. DSS will seek to find the best possible permanent homes or placements for children who cannot return home. When appropriate, DSS looks for adoptive homes that can give children the stability and safety all youngsters need. DSS will assign a different goal to children for whom adoption may not be the most appropriate goal, for example, long-term substitute care or independent living.

Child Abuse Hurts School-age Kids

Screening

All reports of abuse or neglect received by DSS are processed by appropriately trained, experienced staff. Based on the information received, DSS will determine whether or not there is reasonable cause to believe the reported children have been abused or neglected by their parents or caretakers. If reports do not meet DSS's criteria of abuse or neglect, the reports are **screened out**. Reports may also be screened out if the identified, alleged perpetrators are not caretakers. In those cases, if DSS believes children have been hurt or neglected by individuals, who are not caretakers of the children, DSS can offer services to the families. The families will also be encouraged to call the police or other appropriate authorities (e.g., District Attorney). Additionally, DSS may need to make mandatory or discretionary referrals to the offices of the local District Attorneys.

Investigations

If reports are **screened in**, social workers are assigned to investigate the allegations of abuse or neglect. The social workers gather information regarding the allegations of abuse or neglect by speaking with parents or substitute caretakers and members of the immediate family. The social workers will attempt to see all the children in the reported homes and particularly the children on whose behalf the reports were filed. The social workers may also want to speak with the children's school teachers, pediatricians, school counselors, or other persons who may have relevant information concerning the allegations. If the social workers are denied access to children by parents or caretakers, DSS may seek help from the police or court. Investigations are completed within 10 calendar days, unless the situations are designated emergencies, in which case the

investigations will be completed within 24 hours. If DSS determines, during any point in its involvement, that a child's safety is at immediate risk, that child may be immediately removed and placed in a substitute care placement. DSS is then required to appear in court on the first court day following a removal to petition the court for continued custody.

If DSS finds reasonable cause to believe that a child or children have been abused or neglected by parents or adult caretakers, the reports are **supported**. DSS will open a case with a family and assign a social worker to complete Family Assessments. The Family Assessment enables DSS to get a better understanding of the family, to determine whether services are necessary, which services would be appropriate and who could best provide them. It will also make clear to the family the reasons for any further involvement with DSS.

Once the Assessment is complete, DSS may keep the case open for ongoing services. Ongoing case management social workers would then be assigned and a Service Plan developed. The Service Plan addresses DSS concerns that require the case to remain open. All parties will be assigned tasks to complete in order to work towards the goal of closing the case. If the social worker determines that children's safety is at immediate risk, the children may be removed from the home.

If DSS does not find reasonable cause to believe that abuse or neglect has taken place, the report is **unsupported**. If families would like assistance through a difficult time, they may voluntarily request DSS services. DSS can also refer families to services available within the community.

Referrals to the District Attorney

There are circumstances under which DSS must notify the District Attorney of cases of serious abuse or neglect. Massachusetts General Law (Chapter 119, sec. 51B) requires DSS to notify the District Attorney in writing of cases where, after investigation, DSS has reasonable cause to believe that any of the following conditions have resulted from abuse or neglect:

- Death;
- Sexual assault;
- Sexual exploitation;
- Brain damage, loss or substantial impairment of bodily function or an organ;
- Substantial disfigurement; or
- Serious physical abuse or injury that includes, but is not limited to:
 - A fracture of any bone, severe burn, impairment of any organ or any other serious injury;
 - An injury requiring the child to be placed on life support systems;
 - Any other disclosure of physical abuse involving physical evidence, which may have been destroyed;
 - Any current disclosure by a child of sexual assault; or
 - The presence of physical evidence of assault.

■ Mandatory District Attorney Referrals



How You Can Help Keep Children Safe

Whether you are a parent, caretaker or someone who is concerned about the problem of child abuse, there are steps you can take to help keep children safe. If a child tells you that he or she has been hurt, or if you are concerned that a child may be the victim of any type of abuse or neglect, please call DSS immediately. It is not uncommon to feel unsure about whether or not a situation is abusive or neglectful; if you are in doubt, contact DSS. A qualified professional is available 24 hours a day to address your concerns.

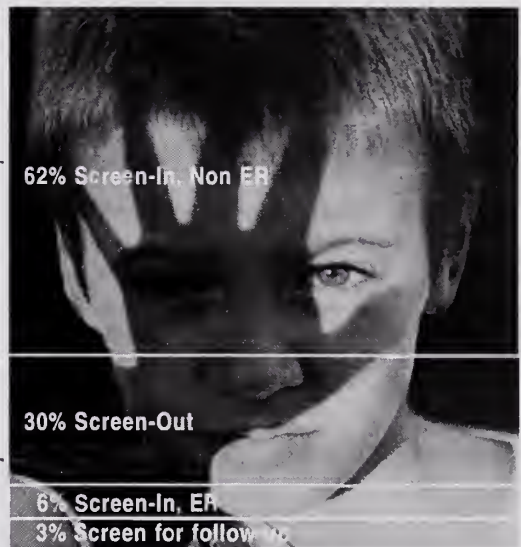
To report possible child abuse or neglect, call the Child-at-Risk Hotline at **1-800-792-5200**.

When you contact DSS please do your best to provide the following information:

- The name, address, sex, date of birth or approximate age, present whereabouts of the reported child or children, and any other children in the household;
- The names, addresses and telephone numbers of the child's parents or other persons responsible for the child's care;
- The primary language spoken by the child and the child's caretaker;
- If you are a mandated reporter: your name; address, telephone number, profession and relationship to the child;
- If you are a non-mandated reporter: your name, address, telephone number, profession and relationship to the child; or you may remain anonymous;
- The nature and extent of the abuse or neglect;
- Any evidence or knowledge of prior injury, abuse, maltreatment or neglect;

- Your opinion of current risk to the reported child and to any other child in the home or substitute care setting;
- If the above information was given to you by a third party, the identity of that person, unless the third party has requested anonymity;
- The circumstances under which you first became aware of the child's alleged injuries, abuse or neglect;
- Any action taken to treat, shelter or assist the child; and
- Any other information you believe may be helpful in establishing the cause of the child's injury or the person responsible.

■ Child Abuse and Neglect Report Decisions



Child Abuse Hurts Adolescents

Assistance for Parents and Caretakers

If you are a parent or a caretaker of a child and are feeling frustrated to the point where you feel you might endanger a child, please take the time to consider the consequences of your potential actions. It is often more productive to remove yourself from the situation for a moment and consider what is causing you to lash out at your child. Children will often act out negatively to get attention; however, children expect and need adults to set limits and remain in control. Children will respond to structure and consistency. Children can also learn from adults how to appropriately handle stress. Even difficult situations can be learning experiences.

There are ways you can manage your child's negative behavior without resorting to abuse. You should first try to understand why your child is acting out and then take appropriate steps to address the negative behavior.

- Children may become uncooperative when:
 - They are tired or cranky;
 - They are upset about a circumstance or event; like a new baby or sibling rivalry;
 - They need to test your limits on their own behavior;
 - They sense your stress; or
 - They are in a developmental stage that brings out certain behaviors.
- When your child is misbehaving:
 - Set rules and expectations clearly; constructive boundaries often help children feel safe;
 - Use encouraging words to help redirect the behavior; for example, distraction can work with smaller children or humor can diffuse a situation;
 - Set limits by removing the child from the situation or object that is causing the problem;
 - When necessary, use consequences that reflect the behavior you want to change; give rational consequences which have direct connection to the negative behavior;
 - Remove privileges related to the specific behavior for a short time;
 - If your child's behavior will not cause harm, you can try ignoring it;
 - Try to redirect a child's negative behavior into a more constructive activity; or
 - Always set clear and consistent limits.
- When you are stressed:
 - Try to resolve situations before they escalate by using the techniques listed above;
 - Take time out and think about what it is you are trying to accomplish; or
 - Call a friend and express how you are feeling.

If you need to talk to someone, you can call the Parental Stress Hotline at **1-800-231-4377**.

Someone is there to listen to you 24 hours a day.

Child Abuse Hurts Families

Massachusetts General Law, Protecting Children

If you need more in-depth information specific to Massachusetts law regarding the protection of children, the following sections of Massachusetts General Law are provided for assistance. Titles to the separate paragraphs of Sections 51A – 51F are provided to assist in the location of specific information.

MGL, Chapter 119, Sections 51A – F: Protection and Care of Children, and Proceedings Against Them

Section 51A: Injured Children; Reports; Privileged Communications; Penalties; Notice of Determinations

Mandated Reporters

Any physician, medical intern, hospital personnel engaged in the examination, care or treatment of persons, medical examiner, psychologist, emergency medical technician, dentist, nurse, chiropractor, podiatrist, osteopath, public or private school teacher, educational administrator, guidance or family counselor, day care worker or any person paid to care for or work with a child in any public or private facility, or home or program funded by the Commonwealth or licensed pursuant to the provisions of Chapter 28A, which provides daycare or residential services to children, or which provides the services of childcare resource and referral agencies, voucher management agencies, family daycare systems and child care food programs, probation officer, clerk/magistrate of the district courts, parole officer, social worker, foster parent, firefighter or policeman, licensor of the office of child care services or any successor agency, school attendance officer, allied mental health and human services professional as licensed pursuant to the provisions of Section 165 of Chapter 112, drug and alcoholism counselor, psychiatrist, and clinical social worker, priest, rabbi, clergy member, ordained or licensed minister, leader of any church or religious body, accredited Christian

Science practitioner, person performing official duties on behalf of a church or religious body that are recognized as the duties of priest, rabbi, clergy, ordained or licensed minister, leader of any church or religious body, or accredited Christian Science practitioner, or a person employed by a church or religious body to supervise, educate, coach, train or counsel a child on a regular basis, who, in his professional capacity shall have reasonable cause to believe that a child under the age of eighteen years is suffering physical or emotional injury resulting from abuse inflicted upon him which causes harm or substantial risk of harm to the child's health or welfare including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth, shall immediately report such condition to the department by oral communication and by making a written report within forty-eight hours after such oral communication; provided, however, that whenever such person so required to report is a member of the staff of a medical or other public or private institution, school or facility, he shall immediately either notify the Department or notify the person in charge of such institution, school or facility, or that person's designated agent, whereupon such person in charge or his said agent shall then become responsible to make the report in the manner required by this section. Any such hospital personnel preparing such report, may take, or cause to be taken, photographs of the areas of trauma visible on a child who is the subject of such report without the consent of the child's parents or guardians. All such photographs or copies thereof shall be sent to the Department together with such report. Any such person so required to make such oral and written reports who fails to do so shall be punished by a fine of not more than one thousand dollars. Any person who knowingly files a report of child abuse that is frivolous shall be punished by a fine of not more than one thousand dollars.

Child Abuse Hurts Communities

Information Contained in Reports

Said reports shall contain the names and addresses of the child and his parents or other person responsible for his care, if known; the child's age; the child's sex; the nature and extent of the child's injuries, abuse, maltreatment, or neglect, including any evidence of prior injuries, abuse, maltreatment, or neglect; the circumstances under which the person required to report first became aware of the child's injuries, abuse, maltreatment or neglect; whatever action, if any, was taken to treat, shelter, or otherwise assist the child; the name of the person or persons making such report; and any other information which the person reporting believes might be helpful in establishing the cause of the injuries; the identity of the person or persons responsible therefore; and such other information as shall be required by the Department.

Death of a Child

Any person required to report under this section, who has reasonable cause to believe that a child has died as a result of any of the conditions listed in said paragraph shall report said death to the Department and to the District Attorney for the county in which such death occurred and to the Medical Examiners, as required by Section 6 of Chapter 38. Any such person, who fails to make such a report, shall be punished by a fine of not more than one thousand dollars.

Nonmandated Reporters and Immunity

In addition to those persons required to report pursuant to this section, any other person may make such a report if any such person has reasonable cause to believe that a child is suffering from or has died as a result of such abuse or neglect. No person so required to report shall be liable in any civil or criminal action by reason of such report. No other person making such report shall be liable in any civil or criminal action by reason of such report if it was made in good faith; provided, however, that such person did not perpetrate or inflict said abuse or cause said neglect. Any person making such report who, in the determination of the Department or the District Attorney may have perpetrated or inflicted said abuse or cause said neglect, may be liable in a civil or criminal action.

Retaliation Against Reporters; Liability

No employer of those persons required to report pursuant to this section shall discharge, or in any manner discriminate or retaliate against, any person who in good faith makes such a report, testifies or is about to testify in any proceeding involving child abuse or neglect. Any such employer who discharges, discriminates or retaliates against such a person shall be liable to such person for treble damages, costs and attorney's fees.

Notice to Mandated Reporters of DSS's Determination

Within sixty days of the receipt of a report by the Department, from any person required to report, the Department shall notify such person, in writing, of its determination of the nature, extent and cause or causes of the injuries to the child, and the social services that the Department intends to provide to the child or his family.

Privileged Communication

Any privilege established by Sections 135A and 135B of Chapter 112 or by Section 20A and 20B of Chapter 233, relating to confidential communications, shall not prohibit the filing of a report pursuant to the provisions of this section or the provisions of Section 24.

Notwithstanding section 20A of chapter 233, a priest, rabbi, clergy member, ordained or licensed minister, leader of a church or religious body or accredited Christian Science practitioner shall report all cases of abuse under this section, but need not report information solely gained in a confession or similarly confidential communication in other religious faiths. Nothing in the general laws shall modify or limit the duty of a priest, rabbi, clergy member, ordained or licensed minister, leader of a church or religious body or accredited Christian Science practitioner to report a reasonable cause that a child is being injured as set forth in this section when the priest, rabbi, clergy member, ordained or licensed minister, leader of a church or religious body or accredited Christian Science practitioner is acting in some other capacity that would otherwise make him a reporter.

Section 51B: Physically or Emotionally Injured Children; Duties of Department; Disclosure of Information

The Department shall:

Investigations

(1) investigate and evaluate the information reported under Section 51A. Said investigation and evaluation shall commence within two hours of initial contact and be completed within twenty-four hours, if the Department has reasonable cause to believe the child's health or safety is in immediate danger from further abuse and neglect. Said investigation and evaluation shall commence within two working days of initial contact and be completed within ten calendar days for all other such reports. The investigation shall include a home visit at which the child is viewed, if appropriate, a determination of the nature, extent and cause or causes of the injuries, the identity of the person or persons responsible therefore, the name, age and condition of other children in the same household, an evaluation of the parents and the home environment, and all other pertinent facts or matters. Such determinations and evaluations shall be in writing;

Evaluations

(2) evaluate the household of the child named in the report and make a written determination of the risk of physical or emotional injury to any other children in the same household; provided, further, that if such child named in the report is in an out-of-home placement, the Department shall notify his parent that a report has been filed when such report is supported by the Department; provided, further, that the Department shall notify the biological parent of other children in the same placement if the child named in such supported report died or was seriously injured; provided, further, that such notification shall not be required if in the Commissioner's judgment such notification would be against the best interests of the child; provided, further, that when appropriate, the Department shall consult with the biological parent of the child, who is the subject of the report, and the other children in the decisions regarding the children's removal or further placement;

Custody

(3) take a child into immediate temporary custody if the Department has reasonable cause to believe that the removal of the child is necessary to protect him from further abuse or neglect; provided, however, that the Department shall make a written report stating the reasons for such removal; and provided further, that if any child is so taken into custody, the Department must file a petition pursuant to section twenty-four on the next court day;

District Attorney Notification

(4) notify in writing the District Attorney for the county in which the child resides and for the county in which the offense occurred by transmitting to such District Attorney a copy of the report required under Section 51A and this section if, after an investigation and evaluation undertaken pursuant to clause (1), the Department has reasonable cause to believe that any of the following conditions has resulted from abuse or neglect; provided, however, that the Department may immediately report cases of serious physical injury to the appropriate office of the District Attorney:

(a) a child has died;

(b) a child has been sexually assaulted, as set forth in Sections 13B, 13H, 22, 21A, 23, 24, and 24B of Chapter 265 or Section 35A of Chapter 272;

(c) a child has suffered brain damage, loss or substantial impairment of a bodily function or organ, or substantial disfigurement;

(d) a child has been sexually exploited, which shall mean encouraging a child to engage in prostitution as defined in Sections 4A and 4B of Chapter 272, or in the obscene or pornographic photographing, filming, or depicting of a child as defined in Section 29A of Chapter 272; or

(e) a child has suffered serious physical abuse or injury that includes, but is not limited to: (i) a fracture of any bone, severe burn, impairment of any organ, or any other serious injury; (ii) an injury requiring the child to be placed on life-support systems; (iii) any other disclosure of physical abuse involving physical evidence which may be destroyed; (iv) any current disclosure by the child of sexual assault; or (v) the presence of physical evidence of sexual assault.

The Department shall within forty-five days after making such notification further notify the District Attorney of the service plan, if any, developed for such child and his family. No provision of Chapter 66A, Section 135 of Chapter 112, and Sections 51E and 51F of this chapter relating to confidential data, or confidential communications shall prohibit the Department from making such notifications, or from providing to the District Attorney any information obtained pursuant to clause (1) or furnished pursuant to this clause. No person providing notification or information to a District Attorney pursuant to the provisions of this clause shall be liable in any civil or criminal action by reason of such action. Nothing herein shall be construed to prevent the Department from notifying a District Attorney relative to any incidents reported to the Department pursuant to Section 51A or to limit the prosecutorial power of a District Attorney.

The Department shall forward to the local law enforcement authorities in the town in which the child resides and the town in which the offense occurred a copy of the report provided to the District Attorney pursuant to this clause.

Social Services

(5) offer to the family of any child which it has reasonable cause to believe is suffering from any of the conditions described in the report appropriate social services to prevent further injury to the child, to safeguard his welfare, and to preserve and stabilize family life whenever possible. If the family declines or is unable to accept or to participate in the offered services, the Department, or any person may file a petition pursuant to section twenty-four requesting an appropriate order with reference to the care and protection of the child;

Central Registry

(6) file in the Central Registry, established under Section 51F, a written report containing information sufficient to identify each child whose name is reported pursuant to Section 51A or 51B. A notation shall be sent to such Central Registry whenever further reports on each such child are filed with the Department. If the Department determines during the initial screening period of an investigation that said report under Section 51A is frivolous, or other

absolute determination that abuse or neglect has not taken place, then said report shall be declared as "allegation invalid". If such reports are declared "allegation invalid", the name of the child, or identifying characteristics relating to the child, or the names of his parents or guardian, or any other person relevant to the report, shall not be placed in the Central Registry, nor under any other computerized program utilized in the Department. Nothing in this section shall prevent the Department from keeping the information on unsubstantiated reports to assist in future risk and safety assessments of children and families;

Protective Services

(7) utilize or purchase and utilize such protective services of private and voluntary agencies as it determines necessary;

DSS Regulations

(8) promulgate regulations to implement the provisions of Sections 51A to 51F, inclusive.

(9) notify in writing the Office for Child Care Services by transmitting to said Office a copy of the report received under Section 51A and a copy of the report prepared under Section 51B if and when such report alleges that abuse or neglect occurred at a facility operated by a person subject to licensure or approval by said Office under Section 10 of Chapter 28A, and when the Department has substantiated said report. Said Department and said Office may coordinate their activities conducted under this section and paragraph (f) of said Section 10. No provision of Chapter 66A, Section 135 of Chapter 112, Sections 51E and 51F of this Chapter, or any other provision of law, shall prohibit the Department from transmitting a copy of the reports prepared under the provisions of Sections 51A and 51B to said Office, or from conducting coordinated activities and sharing information with said Office as herein provided, or from having its employees testify at administrative hearings held by said Office in connection with matters about which said Department has provided notice to said Office under this section. Said Department and said Office shall make all reasonable efforts to minimize the number of interviews of any child-victim, which may be necessary. If, as a result of any report made under the provisions of said Section 51A or an investigation made under the

provisions of said Section 51B, said Department is made aware of information or circumstances indicating a licensing violation in any facility operated by a person subject to licensure or approval by said Office, said Department shall forthwith notify said Office of such information. No provision of Chapter 66A, Sections 51E and 51F of this chapter, or any other provision of law shall prohibit said Office from providing information to said Department in connection with matters about which said Department has provided notice to said Office under this section.

(10) notify in writing the Department of Mental Health, the Department of Mental Retardation, the Department of Public Health, and the Department of Youth Services by transmitting to any of said Departments a copy of the report received under Section 51A and a copy of the report prepared under Section 51B if and when that report alleges that abuse or neglect occurred at a facility owned, operated or funded, in whole or in part, by any of said Departments, and when the Department of Social Services has substantiated said report. Said Department of Social Services and any of said Departments may coordinate their respective activities conducted under this section, and shall make all reasonable efforts to minimize the number of interviews of any child-victim which may be necessary. No provision of Chapter 66A, Section 135 of Chapter 112, Sections 51E and 51F of this Chapter, or any other provision of law, shall prohibit said Department of Social Services from transmitting a copy of said reports made under the provisions of said Sections 51A and 51B to any of said Departments, or from conducting coordinated activities and sharing information with any of said Departments as herein provided, or from having its employees testify at administrative hearings held by any of said Departments in connection with matters about which said Department of Social Services has provided notice to any of said Departments under this section.

Notwithstanding any privilege created by statute or common law relating to confidential communications or any statute prohibiting the disclosure of information, any person required to make a report pursuant to Section 51A, who has information which he believes might aid the Department in determining whether a child has been abused or neglected pursuant to an investigation under this section shall,

if requested by the Department, disclose such information relevant to the specific investigation to the Department. Such statutory or common law privileges shall not preclude the admission of any such information in any civil proceeding concerning abuse or neglect of a child, placement or custody of a child.

No person required to provide such information pursuant to this section or permitted to disclose information pursuant to Section 51A of Chapter 119A shall be liable in any civil or criminal action for providing such information.

No employer of a person required to provide information pursuant to this section shall discharge, or in any manner discriminate or retaliate against any such person, who in good faith provides such information, testifies, or is about to testify in any proceeding involving child abuse or neglect; provided, however, that such person did not perpetrate or inflict such abuse or neglect. Any such employer who discharges, discriminates or retaliates against such person shall be liable for treble damages, costs and attorney's fees.

In all cases in which the Department determines that a report of abuse or neglect is not substantiated, the Department shall notify in writing any and all sources or recipients of information in connection with the investigation that the report of abuse or neglect has not been substantiated, unless the target of the investigation requests that such notification not occur.

Section 51C: Custody of Injured Child, Pending Transfer to Department or Hearing

Temporary Custody at Hospital

If a parent or other person requests the release from a hospital of a child reported pursuant to Section 51A, the Presiding Judge of the Juvenile Court of the judicial district in which such hospital is located may, if he believes such release would be detrimental to the child's health or safety, authorize the hospital and the attending physician, by any means of communication, to keep such a child in the hospital until custody is transferred to the Department, or until a hearing may be held relative to the care and custody of such child.

Any other physician treating a child reported pursuant to Section 51A may be so authorized by the Court to keep such child in his custody, until such time as the custody of the child has been transferred to the Department or until a hearing may be held relative to the care and custody of such child.

Section 51D: Powers and Duties of Area Directors; Multi-Disciplinary Service Teams

DSS Area Directors

Each Area Director of the Department shall be responsible for implementing the provisions of clause (4) of Section 51B. Each such Area Director shall report to the appropriate District Attorney cases as provided for in said clause (4).

Multi-Disciplinary Service Teams

Each such Area Director shall, in cooperation with the appropriate District Attorney, establish one or more multi-disciplinary service teams to review the provision of services to children and their families, who are the subject of such reports. Such teams shall each consist of one representative of the Department, who shall be the caseworker for the particular case, one representative of the appropriate District Attorney, and at least one other member who is not an employee of either such office, but shall be appointed by the Area Director. The additional member shall have training and experience in the fields of child welfare or criminal justice and, as far as practicable, be involved with the provision of services to such families. No members of such team shall receive any compensation, or in the case of a state employee, any additional compensation, for service on such team.

Roles of the Multi-Disciplinary Service Teams: Service Plan Review

Such Team shall review and monitor the service plan developed by the Department pursuant to clause (5) of Section 51B. Such Team shall evaluate such service plan in regard to its effectiveness in protecting the child from further abuse or neglect. Such Team shall make recommendations regarding amendments to the service plan, the advisability of prosecuting members of the family, and the possibility of utilizing diversionary alternatives. If such Team finds that

services required under such plan are not provided to such family, the case shall be referred to the Interagency Children's Services Team established pursuant to Section 6A of Chapter 28A.

Access of Information: Confidentiality

Such Multi-Disciplinary Service Team shall have full access to such service plan and any personal data known to the Department which is directly related to the implementation of such plan, notwithstanding the provisions of Chapter 66A, Section 135 of Chapter 112, and Sections 51E and 51F of this chapter. The members of such Team shall be considered to be employees of the Department for purposes of protecting the confidentiality of such data and such data shall be utilized solely to carry out the provisions of this section; provided, however, that such Team may report to such District Attorney the information that the family has failed to participate in such plan.

Monthly Reports

Each such Director shall file a monthly report with the Commissioner of the Department regarding the activities in the region, which have occurred in the previous month pursuant to this section. Such report shall be written on a form prescribed by said Commissioner and shall include, but not be limited to, the number of cases reported pursuant to clause (4) of Section 51B, the activities of the Multi-Disciplinary Service Teams, the availability of services which are; by such service plans, and the number of family members that are subject of such reports that have been prosecuted. Said Commissioner, after deleting all personal identifying information, shall combine these area reports into one monthly report, which shall be filed with the Secretary of Health and Human Services, each District Attorney, the Joint Committee on Human Services and Elderly Affairs and the House and Senate Committees on Ways and Means.

Section 51E: Reports of Injured Children; Files; Confidentiality; Penalties

File of Reports

The Department shall maintain a file of the written reports prepared pursuant to this section and Sections 51A to 51D, inclusive. Such written reports

shall be confidential. The child's parent, guardian, or counsel, the reporting person or agency, the appropriate review board, or a social worker assigned to the case, may, upon request, and upon the approval of the Commissioner, receive a copy of the written report of the initial investigation. No such report shall be made available to any persons other than those enumerated in this section without the written and informed consent of the child's parent or guardian, the written approval of the Commissioner, or an order of a court of competent jurisdiction.

Removal of Identifying Information

The name and all other identifying information relating to any child, or to his parents or guardian, shall be removed from said reports if said allegations are substantiated, when the child reaches the age of eighteen, or one year after the date of termination of services to the child or his family, whichever date occurs last.

Confidentiality

Any person who permits any information in the files to be released to persons or agencies other than those specified in this section shall be punished by a fine of not more than one thousand dollars or by imprisonment for not more than two and one half years, or both.

Section 51F: Central Registry of Information; Confidentiality; Penalties

Central Registry

The Department shall maintain a Central Registry of Information, sufficient to identify children whose names are reported pursuant to Section 51A or 51B. Data and information relating to individual cases in the Central Registry shall be confidential and shall be made available only with the approval of the Commissioner or upon court order. The Commissioner shall establish rules and regulations governing the availability of such data and information. The name and all other identifying characteristics relating to any child, which is contained in the Central Registry, or to his parents or guardian, shall be removed one year after the Department determines, after investigation, that the allegation of serious physical or emotional injury resulting from abuse or neglect cannot be substantiated or, if said allegations are substantiated, when the child reaches the age of eighteen, or one year after the date of termination of services to the child or his family, whichever date occurs last. If the Department determines during the initial screening period of an investigation that said report under section 51A is frivolous, or other absolute determination that abuse or neglect has not taken place, then said report shall be declared as "allegation invalid". If such reports are declared "allegation invalid", the name of the child, or identifying characteristics relating to the child, or the names of his parents or guardian or any other person relevant to the report, shall not be placed in the Central Registry, nor under any other computerized program utilized in the Department. Nothing in this section shall prevent the Department from keeping the information on unsubstantiated reports to assist in future risk and safety assessments of children and families.

Confidentiality

Any person employed in the Central Registry, who permits the data and information stored in the Registry to be released without authorization to persons or agencies other than those specified in the rules and regulations, shall be punished by a fine of not more than one thousand dollars, or by imprisonment for not more than two and one half years, or both.

**Section 51G:
Severability****Severability**

Sections 51A to 51F, inclusive, are severable and the invalidity of any of said sections shall not affect the continuing validity of any other of said sections.

Resources

■ DSS Statewide Telephone Directory

Central Office 617-748-2000

Western Region

- Pittsfield 413-236-1800
- Greenfield 413-775-5000
- Holyoke 413-493-2600
- East Springfield 413-205-0500
- Robert Van Wart Center
- Springfield 413-452-3200

Central Region

- Leominster 978-466-1500
- Whitinsville 508-234-1000
- Worcester 508-929-2000

Northeast Region

- Lowell 978-275-6800
- Lawrence 978-557-2500
- Haverhill 978-469-8800
- Cape Ann, Salem 978-825-3800
- Lynn 781-477-1600

Metro Region

- Malden 781-388-7100
- Framingham 508-424-0100
- Cambridge, Somerville 617-520-8700
- Arlington 781-641-8500
- South Weymouth 781-682-0800

Southeast Region

- Attleboro 508-431-9500
- Brockton 508-894-3700
- Fall River 508-235-9800
- New Bedford 508-910-1000
- Cape Cod and Islands 508-760-0200
- Plymouth 508-732-6200

Boston Region

- Hyde Park 617-360-2500
- Roxbury 617-989-2800
- Boston 617-574-8400
- William E. Warren Center
- Dorchester 617-822-4700
- Chelsea 617-660-3400

It is important to know that there are support services available to parents who are feeling overwhelmed, or who need assistance in one form or another.

The resources below have telephone numbers that you can call for help or web sites that provide information and links to additional services.

Parents' and Children's Services

Parental Stress Line: 1-800-632-8188

First Call For Help: 1-800-231-4377

United Way Parent Line: 1-617-421-1789

Web site www.pcsonline.org

• The mission of Parents' and Children's Services (PCS) is to promote the well-being of children and the preservation of families through culturally competent direct service, education, and advocacy. The PCS HelpLines are a comprehensive approach to specialized counseling and solutions.

Parents Helping Parents 1-800-882-1250

Web site www.parentshelpingparents.org

• Parents Helping Parents (PHP): The Roundtable of Support is a statewide nonprofit organization whose vision is to strengthen families and prevent child abuse all across Massachusetts. Parents Helping Parents is a network of mutual support groups for parents, and other adults in a care-taking role, who care deeply about their relationships with their children. PHP welcomes every parent in Massachusetts to their web site. Please call the PHP toll free number for help and support.

Community Connections 617-748-2333

• A statewide network of family support coalitions. Coalitions are currently located in twenty-one communities across Massachusetts. Community Connections is a DSS sponsored initiative, whose members are involved in: providing support to parents and teens, offering education and prevention services, as well as civic involvement and community building.

Massachusetts Society for the 617-587-1500

Prevention of Cruelty to Children

Web site www.mspcc.org

• The Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) is a private, non-profit organization dedicated to protecting and promoting the rights and well-being of children and families.

Kids' Net 1-800-486-3730
Web site www.mspcc.org

- The Kid's Net program works in partnership with foster, kinship, and adoptive families and with the Department of Social Services to support these families in caring for children who have suffered major trauma and loss and cannot live at home. Various support services are available to parents including the Kid's Net Connection help line for emergency after hours service (1-800-486-3730), respite/child care, in-service training, support groups, and advocacy. Statewide and local membership groups are currently being developed.

Family Nurturing Center 617-474-1143
of Massachusetts

- This organization offers programs and services statewide to build nurturing communities where children are cherished and families are supported.

Massachusetts Child Care.Com

Web site www.machildcare.com

- This is the online information resource for families, childcare providers, day care consultants and businesses in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont. A solid information resource is invaluable to all who use child care, work in day care or rely upon the services provided by child care professionals to keep our economy moving.

Massachusetts 1-888-775-4KIDS
Children's Trust Fund

294 Washington Street, Suite 640, Boston, MA 02108
fax 617-727-8997

Web site www.mctf.org

- The Massachusetts Children's Trust Fund (MCTF) is a statewide organization whose mission is to prevent child abuse by mobilizing all segments of the community to strengthen and support parents. MCTF initiatives offer funding and resources to schools, organizations, community leaders, and parents.

National Child Abuse Hotline 1-800-4-A-CHILD
15757 N. 78th Street
Scottsdale, AZ 85260

Web site www.childhelpusa.org

- Operates 24 hours a day, seven days a week. The hotline offers crisis intervention, information, literature and referrals.

National Childcare 1-800-616-2242
Information Center

Web site www.nccic.org

- This site provides an excellent comprehensive list of links to other relevant internet sites. NCCIC was established to complement, enhance, and promote childcare linkages and to serve as a mechanism for supporting quality, comprehensive services for families.

National Parent 1-800-583-4135
Information Network

Web site www.npin.org

- This is a comprehensive compilation of resources for families and educators. This site has many articles on child development and related issues, plus an excellent Internet resource page with many relevant links.

National Association for the 1-800-424-2460
Education of Young Children

Web site www.naeyc.org

- This site is a good resource for parents and educators, including a list of NAEYC accredited child-care centers nationwide and a series of short articles entitled, 'Early Years Are Learning Years.'

I Am Your Child 1-800-447-3400

Web site www.iamyourchild.org

- I Am Your Child is a national public awareness and engagement campaign to make early childhood development a top priority for our nation. The site provides information about the parenting and development of children from birth to three years, including answers to parents' pressing questions, and a guide to resources.

Network for Childcare

Web site www.nncc.org

- This online site provides articles, resources and links about a diverse range of topics including childcare, child abuse, children's literacy, activities, public policy advocacy, guidance and discipline, infant and toddler care, and many other topics.

DSS Statistics and Organizational Structure

■ The Families

(with open cases) as of Dec. 31, 2001
end of 2nd Quarter of FY 2002

22,061	TOTAL OPEN CASES
20,223	Clinical cases
1,838	Adoption cases
9%	Voluntary
82%	Protective
7%	CHINS
2%	Other

71,867	TOTAL CONSUMERS
32,903	Adults
38,964	Children

■ Children not in placement = 29,224

Ages	
0 – 5	29%
6 – 11	35%
12 – 18	36%

■ Children in placement = 9,740

Ages	
0 – 5	24%
6 – 11	27%
12 – 18	49%

■ Out-of-Homes Placements

as of 2nd Quarter of Year 2002

9,740	Children (under age 18)
942	Young adults (18 years or older).
8,009	Consumers in foster care
2,374	Consumers in residential care
299	Consumers in other locations, such as hospitals or placements with other state agencies

■ Adoption

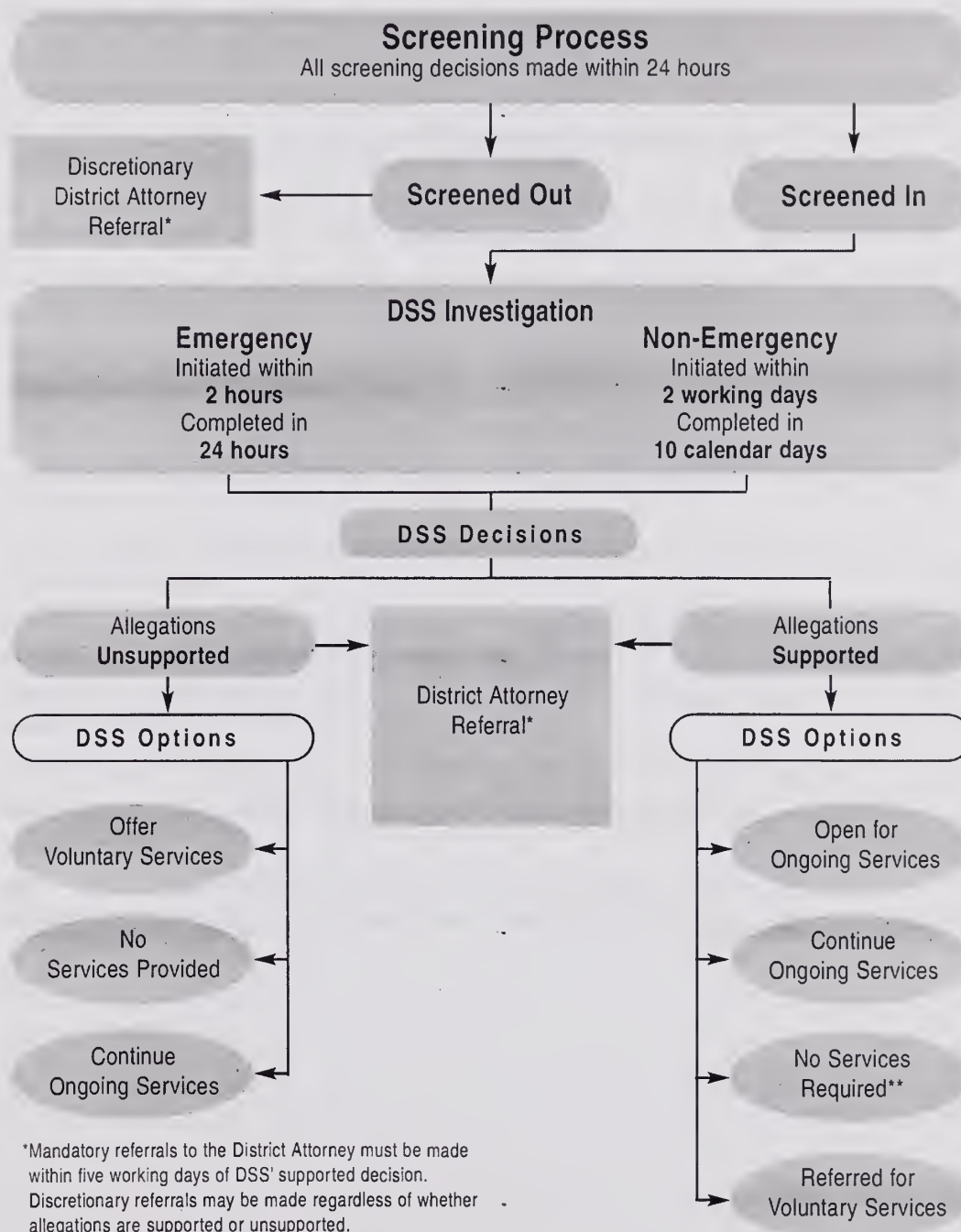
During FY 2001, DSS finalized adoptions for 821 children and had guardianships granted for 561 children

At the end of the 2nd Quarter FY 2002, there were 2,837 consumers in out-of-home placement who had a service plan goal of adoption and 583 consumers with a goal of guardianship

■ DSS Field Organizational Structure



■ 51A Report – DSS Screening Process



****If allegations are supported, but there is no immediate risk to the reported child(ren), the case may be closed.**

Suggestions for Further Reading on the topic of Child Maltreatment

- Barnett, Ola W., Miller-Perrin, Cindy L., Perrin, Robin D., *Family Violence Across the Lifespan*, Thousand Oaks, CA Sage Publications, 1997.
- Bartholet, Elizabeth, *Nobody's Children*, Boston, MA, Beacon Press, 1999.
- Besharov, Douglas J., *Recognizing Child Abuse: a Guide for the Concerned*, New York, The Free Press, 1990.
- Briere, John, Lucy Berliner...et al., editors, *The APSAC Handbook on Child Maltreatment*, Thousand Oaks, CA, Sage Publications, 1996.
- For Shelter and Beyond: Ending Violence Against Battered Women and Their Children*, Massachusetts Coalition of Battered Women Service Groups, Inc. 1990.
- Gomes Schwartz, Beverly, *Child Sexual Abuse: The Initial Effects*, Newbury Park, CA, Sage Publications, 1990.
- Hamilton, Robert L., Thomas P. Gullotta... et al., editors, *Family Violence: Prevention and Treatment*, Thousand Oaks, CA, Sage Publications, 1993.
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- Massachusetts District Attorney, Middlesex County, *The Child Abuse Reporting Law: The Middlesex County Experience*, Cambridge, MA Middlesex County, 1986.
- Miller-Perrin, Cindy L., Perrin, Robin D., *Child Maltreatment: An Introduction*, Thousand Oaks, CA, Sage Publications, 1999.
- Monteleone, J.A., *Child Maltreatment: a Comprehensive Photographic Reference Identifying Potential Child Abuse*, St. Louis, MO, G.W. Medical Publishing, 1994.
- National Center on Child Abuse and Neglect, *Child Abuse and Neglect Users Manual Series*, (Available online at www.calib.com/nccanch/.)
- Reiss, David, John E. Richters...et al., editors, *Children and Violence*, Guilford Publications, 1993.
- Richards, Keith N., *Tender Mercies: Inside the World of a Child Abuse Investigator*, Washington, DC, CWLA Press, 1998.
- Wolde, David A., McMahon, Robert J., Peters, Ray DeV., editors, *Child Abuse: New Directions in Prevention and Treatment Across the Lifespan*, Thousand Oaks, CA, Sage Publications, 1997.

2. Literature Review

2.1. Theoretical Framework

2.2. Empirical Evidence

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2.4. Conclusion

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**Massachusetts
Department of
Social Services**

Harry Spence
Commissioner

Central Office
24 Farnsworth Street
Boston, MA 02210

617-748-2000
www.dsskids.org

Caring for kids



- | | |
|--|--|
| • Police | 911 |
| • Child-at-Risk Hotline | 1-800-792-5200 |
| • Kid's Net Connection Helpline | 1-800-486-3730 |
| • Foster and Adoptive Parent
Recruitment Line | 1-800-KIDS-508 |
| • Massachusetts Behavioral Partnership | 1-800-495-0086 |
| • Parental Stress Line | 1-800-632-8188 |
| • Teen Peer Line | 1-800-238-7868 |
| • Post Adoption Services
Helpline/Adoption Crossroads | 1-800-972-2734 |
| • Payment Assistance Line (PAL) | 1-800-632-8218 |
| • Volunteer Case Reviewer Line
Statewide | 1-800-423-2022 |
| • Western | 1-800-286-0323 |
| • DSS Central Office Library | 1-617-748-2373 |
| • DSS Web site | www.dsskids.org |

